

Name: FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES FILER STATUS Elise × Stefanik **Employing Office:** U.S. House of Representatives New Officer or Employee Candidates - Date of Election: New Member of or Candidate for State: NY District 21 Daytime Telephone: For New Members, Candidates, and New Employees FORM B Period Covered: January 1, to December 31, 2014 Check if Amendment 2014 A \$200 penalty shall be assessed against any individual who files more than 30 days late. OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES (Office Use Only) 2015 MAY 15 PM 12: 52 M

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	H OF THESE QUES	STIONS	
A Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearmed income from any reportable asset during the reporting period?	Yes X No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes X No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes X No	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No X
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes X No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes X No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANS	CORRESPONDING SO	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" I INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or your dependent child? Yes 468 8 중 × ×

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Blise Stefanik

Page 2

으

							5 5	9	\$5,0 mon for proving that the three home into depth in the fire of	T 4 T	8 8 8	un generalide		
	-First Niagara Certifi-	First Niagara IRA (2)	cate of Deposit	First Niagara IRA (1)	ABC Hedge Fund	Examples: Simon & Schuster	Mega Corp Stock		For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business. the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial income during the reporting period); and any financial income during the reporting period); and any financial income during the reporting heriod. Form, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a defailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any office reportable asset or source of income which generated more than \$200 in unearned income during the year.	Assets and/or Income Sources	BLOCK A
			, 		×	┢		#	amount in all is over there is re there is nits. Investment, blon, e.g., blon, e.g., and its	* 4	Ę	oca value o	Q5	
H				┼		╁	╁	Τ,	> 그익숙 전 기원보조 경제 전구 등학급 None >	1 5 W				\dashv
H		-				┢	1		\$1-\$1,000	1		Indicate value of asset at close you use a valuation method of please specify the method used. If an asset was sold during th included only because it gam should be "None."		
	×		×			₹	\vdash		\$1,001-\$15,000	1	ž 3	spec spec		
				 		Indefinite	\vdash		\$15,001-\$50-000	1	¥	walus Walus Walus Walus		
				1		8	١,	χ.	\$50,001-\$100,000	1	u ha	ation management	_	
					\vdash	╁	H	_	\$100,001-\$250,000	1	Ve P	of de athor		
ļ				_	×	╀	\vdash		\$250,001-\$500,000	1	o inte	Thing of the	ē	ğ
\vdash			 		Ĥ	\vdash	\vdash	_	\$500.004.\$4.000.000	1	"Column M is for assets neto by yo child in which you have no interest.	energy dispersion	≱	BLOCK B
\vdash						+	+		\$500,001-\$1,000,000 ± ± \$1,000,001-\$5,000,000 = -	1	"Column M is for assets need by your spouse or dependent child in which you have no interest.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an esset was sold during the reporting period and is included only because it generated income, the value should be "None."	Value of Asset	
		1				+	\vdash	_		-	Ş	inc inc	^	- 1
		1		-		╀	-	_		-	9	ir ng		- 1
		-		-		╀	╁	-	\$25,000,001-\$50,000,000 ×	4	dep	ا الله الله الله		- 1
		ļ				╀	\vdash			-	ende	riod. If value, and is value		- 1
						┝	┝		Spouse/DC Asset over \$1,080,000° x	╂—				-
		ļ	ļ		1	<u> </u>	<u> </u>	_	NONE		check "None" if the asset gen- ncome during the reporting period.	Check ell columns that apply. Fo that generate tax-deferred income 401(k), IRA, 529 accounts), you the "Tax-Deferred column." (Interest, and capital gains, reinvested, must be disclosed a for assets held in taxable		- 1
				1		L	<u> </u>	`	DMIDENDS .		₽ Z	Tax-		- 1
									RENT		33	Defe	¥	- 1
									INTEREST		8 =	Tax-c	þe	<u></u>
						Γ	T		CAPITAL GAINS		9 5	in district	Type of Income	вгоск с
						T	T		EXCEPTED/BLIND TRUST		asse asse	appi mis) isclar	줐	ဂိ
	×		×		 	┢	┢		TAX-DEFERRED	1	700	you had	Ĭ	- 1
					Partnership Income	Royalties			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Check "None" if the asset generated no income during the reporting period.		•	
	×		×						None -			For assets for other assets in other assets in and capital graceurits. Che		\Box
							>	,	\$1-\$200 =	ŀ		For assets for other assets in other assets in and capital gaccounts. Chaccounts accounts XII is		ı
									\$201-\$1,000					
							Γ		\$1,001-\$2,500 <			indic gastron		
			,			×			\$2,501-\$5,000			which you checked "Tax-Deferred" in Block C, you may check the "None" column, dicate the category of income by checking the appropriate box below. Dividends, pains, even if reinvested, must be disclosed as income for assets held in teck "None" if no income was earned or generated.		
					×				\$5,001-\$15,000 ≤			me"i		Į
						oxdot			\$2,501-\$5,000			chec ateg f no i		
							$\prod_{i=1}^{n}$		\$50,001-\$100,000			ked ory c elray incor		ı
						Ĺ			\$100,001-\$1,000,000 P			Tax of inc eater ne w		I
									\$1,000,001-\$5,000,000 ×			ouse	¥	
							Γ	7	Over \$5,000,000			by (Amount of Income	_
									Spouse/DC income over \$1,000,000° ≚	j		epper of the chief	š	BLOCK D
	×		×						None -	1		Bloc king disc gene	Ĭ	욁
									\$1-\$200 =	1		the mate	S	Ĭ
			•			Γ	١,	,	\$201-\$1,000	1		g appor	Ð	
								\neg	\$1,001-\$2,500	1		opria opria • In		-
									\$2.501-\$5,000 < 25.5001-\$15,000	1		te bu		- 1
						×			\$5,001-\$15,000 ≤ 2			u hay		
				<u> </u>	×	Γ			\$15,001-\$50,000 ≦ G	1		he 1		
						Γ	Γ	\neg	\$50,001-\$100,000 ≦	1		None Sets		
				ļ					\$100,001-\$1,000,000 🔻	1		es 12 € 8		
							Г		\$1,000,001-\$5,000,000 ×	1				
								_	Over \$5,000,000	1		1 mm m		ŀ
						Γ	T		Spouse/DC Income over \$1,000,000⁴ ≚	1		interest, taxable		
				_	_	_	_					0.7 =		

Use additional sheets if more space is required.

		<u> </u>				Π	Т					Π	Τ			4 S &				
						1			אַ דּק	EMS	5 3	b :	ΤC	į,	F				\$	
								1	-kesidential Property (Wa)	MS DC Properties	rirst Niagara Money Market Account	Checking Account	cate of Deposit	-First Niagara	First Niagara IRA	ASSE			Assets and/or Income Sources	BF.
									מו	pert	ara A	100	os i	gara	ara	ASSET NAME			Inco	BLOCK A
									kenta. hingto	ies	p D	F (IRA	m			ă	
									a⊥ ton	-	Ē	8	8	Certifi-	(3)				Son	
									K				4	11-	٦				TC#	
					 -	\dagger			تنا	_				Ť					•	
						†							T				None	>		-
							<u> </u>										\$1-\$1,000	Φ.	1	
					<u> </u>		<u> </u>	<u> </u>			×	<u> </u>					\$1,001-\$15,000	n	1	
				<u> </u>		_	_					ļ	ļ.,	×			\$15,001-\$50,000	0		
	_	ļ			<u> </u>	-	-					-	+	-			\$50,001-\$100,000	m	≨	
-		ļ		ļ		1	-		×			┼	+	+	_	\vdash	\$100,001-\$250,000 \$250,001-\$500,000	ກ ຄ	į	E O
		 	-	1		+	-	 	<u> </u>	 	 	╁╌	+	\dashv			\$500,001-\$1,000,000	<u>*</u>	Value of Asset	BLOCK B
					-	 	+	 	_				+	\dashv			\$1,000,001-\$5,000,000	_		
					1							 	\dagger	+			\$5,000,001-\$25,000,000	_	1	
																	\$25,000,001-\$50,000,000	~	1	
																	Over \$50,000,000	_	1	
					l								1				Spouse/DC Asset over \$1,000,000*	Z		
																	NONE			
								<u> </u>									DIVIDENDS			
								<u> </u>	×								RENT		_ ₹	
								<u> </u>			×	×					INTEREST		<u> </u>	몓
						<u> </u>	<u> </u>					L					CAPITAL GAINS		Type of Income	BLOCK C
					L					<u> </u>	<u> </u>		ļ.,				EXCEPTED/BLIND TRUST		ဋ္ဌ	C
				ļ							<u> </u>	<u> </u>		×			TAX-DEFERRED] 3	
																	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	_		
						<u> </u>		-		<u> </u>		1.		×			None -	1		
	ļ	ļ	<u> </u>	-		\vdash	+	-		ļ	×	×	+	\dashv			\$1-\$200 ==	-		
						+	-	-	<u> </u>		-	┼		-			\$201-\$1,000 = \$1,001-\$2,500 <	4		
-					┢	┼┈	+						+	┪			\$2,501-\$5,000	_		
			 		-	╁	╁	\vdash			 	╅┈	╁	1	_		\$5,001-\$15,000 <u>≤</u>	Ē		
					 	\dagger	T	T	×			T	\top	7			\$15,001-\$50,000 <u>\$</u>	13		
		-				†								1			\$50,001-\$100,000	Current Year		
								ļ									\$100,001-\$1,000,000			
																	\$1,000,001-\$5,000,000		A	
	L.	ļ				<u> </u>	<u> </u>	<u> </u>	ļ	<u>L</u>	<u> </u>	ļ	1	_	•		Over \$5,000,000	4	l e	Œ
						-					ļ	-	-	_			Spouse/DC Income over \$1,000,000° ≧	╄		BLOCK D
<u></u>		<u> </u>		ļ	—	+	-	<u> </u>	<u> </u>	_	1.	+	+-	×			None –	1	Amount of Income	õ
-		\vdash	-	ļ <u>-</u>	 	+	-	├-		<u> </u>	×	×	+	\dashv			\$1-\$200 == \$201-\$1,000 ==	4	Š	
\vdash			1	╁	\vdash	+	+	\vdash	<u> </u>	-	 	+	+	\dashv			\$1,001-\$2,500	1	I *	
	 	\vdash		 	+	+	+	 	 			t	+	\dashv			\$2,501-\$5,000	4		
	-				\vdash	†		T	T		t	1	†	\dashv			\$5,001-\$15,000 ≤	18		
					†	†	1		×					T			\$15,001- \$ 50,000 ≦			
						L							Ι	Ī			\$50,001-\$100,000 <u></u>]ặ		
													L	1			\$190,001-\$1,000,000	֡֡֡֡֞֞֡֞֞֡֡֡֞֞֡֡֡֡֞֞֞֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡		
														I			\$1,000,001-\$5,000,000 ×			
												Ļ	1				Over \$5,000,000	-		
1	1	1				1	1		1		l	1					Spouse/DC Income over \$1,000,000*		I	

Name: Elise Stefanik	
Page 3 of 7	

SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

Name: Blise Stefanik	
Page_4of7	

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

		•	
Source (include date of receipt for honoraria)	Type		Amount
Course (Induce rate of lecelor to Horioralia)) Jpc	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Eyamples: State of Maryland	Salary	\$20,000	\$76,000
Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	N/A	\$1,000 N/A
Premium Plywood Products-Guilderland, NY	Salary	\$0	\$40,800

SCHEDULE D - LIABILITIES

Name: Elise Stefanik Page 5 of 7

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

2					SP, DC, JT							
			First N	Example								
			First Niagara Bank	First Bank of Wilmington, DE	Creditor							
:			8/10	5/98	Date Liability Incurred MO/YR							
			Properties (Personally Liable)	Mortgage on Rental Property, Dover, DE	Type of Liability							
		_		-	\$10,001- \$15,000	>						
					\$15,001- \$50,000	6 2						
					\$50,001- \$100,000	c						
			×	×	\$100,001- \$250,000	0] ,					
		,			\$250,001- \$500,000	m	Amount of Liability					
					\$500,001- \$1,000,000	71	t of Li					
					\$1,000,001- \$5,000,000	6	ability					
					\$5,000,001- \$25,000,000	T						
					\$25,000,001- \$50,000,000	-						
					Over \$50,000,000	-						
					Over \$1,000,000* (Spouse/DC Liability)	*						

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and

Position	Position Name of Organization
President	American Maggie LLC

SCHEDULE F - AGREEMENTS

Name: Elise Stefanik	
Page 6 of	
7	

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	(No reportable agreements)	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
Republican National Committee, Washington, DC	Policy Consulting (Client of American Maggie LLC)

Name: Elise Stefanik

Page_7_o

	-							NOTE NUMBER
		2						
								NOTES
		100	10.00	10.00				
				:				